		DEPARTMENT	ATE OF UTAH OF NATURAL RES F OIL, GAS AND I				FOR		
APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER BONANZA 1023-6L2AS			
2. TYPE OF WORK DRILL NEW WELL REENTER P&A WELL DEEPEN WELL						3. FIELD OR WILDCAT NATURAL BUTTES			
4. TYPE OF WELL Gas Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME			
6. NAME OF OPERATOR KERR-MCGEE OIL & GAS ONSHORE, L.P.						7. OPERATOR PHONE 720 929-6007			
8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217						9. OPERATOR E-MAIL Kathy. SchneebeckDulnoan@anadarko.com			
10. MINERAL LEASE NUMBER 11. MINERAL OWNERSHIP				12. SURFACE OWNERSHIP					
UTU38419	FEDERAL INDIAN STATE FEE				FEDERAL (INDIAN STATE FEE)				
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')			
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN')		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES (Submit Commingling Application) NO (())			_	VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FC	OOTAGES	QTR-QTR	SECT	ION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE 1861 FS		SL 1708 FWL	NESW	6		10.0 S	23.0 E	S	
Top of Uppermost Producing Zone 2590 F		SL 541 FWL	NWSW	6		10.0 S	23.0 E	S	
At Total Depth 2590 F		SL 541 FWL NWSW		6		10.0 S	23.0 E	S	
21. COUNTY UINTAH 22. DISTANCE TO NEARES 5			EAREST LEASE LIN						
		25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 290			26. PROPOSED DEPTH MD: 8861 TVD: 8598				
27. ELEVATION - GROUND LEVEL 5221		28. BOND NUMBER WYB000291				29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE Permit #43-8496			
3221						<u> </u>			
		Α1	TTACHMENTS						
VERIFY THE FOLLOWING	ARE ATTACH	IED IN ACCORDAN	CE WITH THE U	TAH OIL	AND 0	GAS CONSERVATI	ON GENERAL RI	ULES	
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN					
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER					
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP					
NAME Gina Becker	TITLE Regulatory Analys	LE Regulatory Analyst II PHC			NE 720 929-6086				
SIGNATURE DATE 01/04			01/04/2011 EMA J			IL gina.becker@anadarko.com			
APPROVAL 43047514690000				Bacqill					
		Permit Manager							

